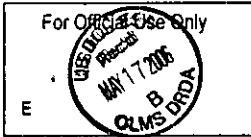


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



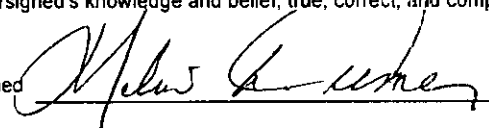
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <input type="text" value="12453"/>	2. Fiscal Year Covered From: <input type="text" value="1"/> / <input type="text" value="1"/> / <input type="text" value="2005"/> Through: <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2005"/>
3. Name and address of person filing. Name <input type="text" value="MELVIN"/> <input type="text" value="A"/> <input type="text" value="CREMER"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text" value="1617 PALAMA STREET"/> City <input type="text" value="HONOLULU"/> State <input type="text" value="Hawaii"/> ZIP Code + 4 <input type="text" value="96817-3043"/>	4. Name, file number, and address of labor organization. Name <input type="text" value="LABORERS AFL-CIO LOCAL 368"/> Labor Organization File Number <input type="text" value="042-957"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text" value="1617 PALAMA STREET"/> City <input type="text" value="HONOLULU"/> State <input type="text" value="Hawaii"/> ZIP Code + 4 <input type="text" value="96817-3043"/>
5. Position in labor organization. <input type="text" value="PRESIDENT"/>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> 7.b. Amount. <input type="text"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On <input type="text" value="5/10/2006"/> Date	<input type="text" value="808-841-5877"/> Telephone Number

Name of Person Filing MELVIN CREMER	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text" value="HAWAII LABORERS' PENSION TRUST FUND"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="1440 KAPIOLANI BLVD., SUITE 800"/></p> <p>City <input type="text" value="HONOLULU"/></p> <p>State <input type="text" value="Hawaii"/> ZIP Code + 4 <input type="text" value="96814-3502"/></p> <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> <p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p>11.b. Approximate dollar value of such dealing. <input type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 5px;"><p>PENSION TRUST FUND FOR LABORERS' UNION MEMBERS. PERSON FILING IS TRUSTEE ON BOARD OF NAMED TRUST FUND, ENTITLED TO ATTEND EDUCATIONAL CONFERENCES AND OTHER PLAN PARTICIPANT RELATED FUNCTIONS, ON A FULLY REIMBURSED BASIS. (SEE ATTACHED WORKSHEET)</p></div> <p>12.b. Amount. <input type="text" value="\$16,420"/></p>
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<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p> <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div> <p>14.b. Amount of payment. <input type="text"/></p>

MELVIN A. CREMER - HAWAII LABORERS PENSION TRUST FUND

NAME OF CONFERENCE	TOTAL PAYMENTS	AMOUNT EXPENSED	AMOUNT REFUNDED
Investments Institute April 18-20, 2005 Hollywood, FL	\$ 7,635.00	\$ 5,521.61	\$ 2,113.39
Washington Legislative Update May 16-18, 2005 Washington, DC	\$ 7,695.00	\$ 5,824.95	\$ 1,870.05
HUB Educational Trust Fund Conference May 26-30, 2005 Hyatt Regency Kauai	\$ 2,809.00	\$ 1,869.14	\$ 939.86
Trustees & Administrators Institutes June 13-15, 2005 Stateline, NV	\$ 4,793.00	\$ 2,937.42	\$ 1,855.58
Annual/Quarterly Meetings July 20-24, 2005 Hilton Waikoloa Village	\$ 400.00	\$ 267.01	\$ 132.99
Total	\$ 23,332.00	\$ 16,420.13	\$ 6,911.87

Name of Person Filing MELVIN CREMER

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name HAWAII LABORERS' HEALTH & WELFARE TRUST FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1440 KAPIOLANI BLVD., SUITE 800

City HONOLULU

State Hawaii ZIP Code + 4 96814-3502

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

HEALTH & WELFARE TRUST FUND FOR LABORERS' UNION MEMBERS. PERSON FILING IS TRUSTEE ON BOARD OF NAMED TRUST FUND, ENTITLED TO ATTEND EDUCATIONAL CONFERENCES AND OTHER PLAN PARTICIPANT RELATED FUNCTIONS, ON A FULLY REIMBURSED BASIS. (SEE ATTACHED WORKSHEET)

12.b. Amount.

\$10,697

MELVIN A. CREMER - HAWAII LABORERS HEALTH & WELFARE FUND

NAME OF CONFERENCE	TOTAL PAYMENTS	AMOUNT EXPENSED	AMOUNT REFUNDED
Health Care Management August 8-10, 2005 Washington, DC	\$ 7,635.00	\$ 5,567.02	\$ 2,067.98
Annual/Quarterly Meetings July 20-24, 2005 Hilton Waikoloa Village	\$ 400.00	\$ 267.01	\$ 132.99
Construction Industry Benefits & Collection Procedures Institute September 12-15, 2005 Las Vegas, NV	\$ 4,450.00	\$ 2,695.63	\$ 1,754.37
51st Annual Employee Benefits Conference November 13-16, 2005 Honolulu, HI	\$ 2,210.00	\$ 2,167.15	\$ 42.85
TOTAL	\$ 14,695.00	\$ 10,696.81	\$ 3,998.19